



Send completed FORM with your PRESCRIPTION and PAYMENT by toll free fax 1-888-DRUG-FAX or mail to 24 Terracon Place, Winnipeg, Manitoba, Canada, R2J 4G7

Questions: 1-800-CAN-DRUG

Patient Information

☐ Male ☐ Female Birthdate (MM/DD/YY) / /

Full Name

Address

City State Zip

Email

Phone (Home) Phone (Work)

In order to offer you the highest possible level of confidentiality, representatives of CanadaDrugs.com will not share the details of this form with any person(s) not listed in the above section.

Patient Counselling Information

All patients receiving prescriptions from a Manitoba pharmacy have the right to receive counselling from a licensed pharmacist.

Would you like a pharmacist to call you to provide patient counselling? ☐ Yes ☐ No

Do you have any known drug allergies? ☐ Yes ☐ No

If yes, please enter the drug(s) you are allergic to: _____

Payment Options (Credit Card or Check)

Credit Card (We do not accept Discover, American Express, or Diners Club)

Credit Card Type: ☐ Visa ☐ Mastercard

Cardholder's Name

Cardholder's Address

City State Zip

Credit Card Number Credit Card Expiry (MM/YY) /

Personal Checking Account (Check or EFT)

TO PAY BY CHECK

Please make payment to
CanadaDrugs.com and mail to:
24 Terracon Place
Winnipeg, Manitoba
Canada R2J 4G7

FOR ELECTRONIC FUNDS TRANSFER (EFT)

Please send a voided check by fax to:
1-888-DRUG-FAX
Or mail a voided check to:
24 Terracon Place
Winnipeg, Manitoba
Canada R2J 4G7

Disclaimer

1. I have fully and accurately disclosed my personal and medical information and consent to its use by CanadaDrugs.com and its employees and agents ("CanadaDrugs.com"). I have had a physical examination by a physician within the last 12 months, and do not require a physical examination.

2. I authorize CanadaDrugs.com to take all steps, sign all documents and to act on my behalf as if I were personally present and acting myself for the limited purposes of (a) obtaining a Canadian prescription for any prescription which I have sent CanadaDrugs.com; and (b) packaging my prescriptions and delivering them to me.

3. Title to my medications passes from CanadaDrugs.com to me when my medications leave CanadaDrugs.com's Canadian Pharmacy. All agreements reached or contracts formed with CanadaDrugs.com shall be deemed to be made in Manitoba, and the laws of the Province of Manitoba shall have sole and exclusive jurisdiction over any dispute arising between myself and CanadaDrugs.com, its affiliates, parent company, related companies, subsidiaries, officers and directors.

This agreement shall apply to every sale by CanadaDrugs.com to me and may not be altered unless in writing and signed by both CanadaDrugs.com and me.

I HAVE READ AND UNDERSTAND THESE TERMS AND AGREE THAT THEY SHALL BE BINDING UPON ME AND MY ASSIGNS, HEIRS AND PERSONAL REPRESENTATIVES.

Secondary Contact

Full Name of Secondary Contact

Relationship To You Phone Number

Your Physician

Primary Physician Name

Phone Number Ext. Fax Number

Medication You Are Currently Taking (Not Being Ordered)

MEDICATION	DOSAGE	FREQUENCY

Medication You Are Ordering

For medication(s) that you wish to order, please enter the quantity, and listed price, as obtained through our website or customer service center. Please remember that medications can only be ordered if accompanied with a copy of the original prescription from your doctor's office. If more space is need please include an extra page.

MEDICATION	STRENGTH	QTY	PRICE
SHIPPING (Shipping Fee \$9.95, or FREE on orders over \$99)			
TOTAL			

Would you like to receive a call to remind you of future refills? ☐ Yes ☐ No

Referred By:

Full Name Phone

MKT-WIS

Patient's Name (Print Clearly)

Patient's Signature

Date (Month/Day/Year) / /